

EXHIBIT A

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct
033
Accident No.
MV-2024-033-000116Complaint
Number AMENDED REPORT19
26

1	Accident Date Month Day Year 3 1 2024			Day of Week FRIDAY	Military Time 18:50	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene Reconstructed	Left Scene	Police Photos Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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20
26

VEHICLE 1

2	VEHICLE 1- Driver License ID Number 698450185					State of Lic. NY	VEHICLE 2- Driver License ID Number 999999999	State of Lic. NY
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21
9

2	Driver Name - exactly as printed on license ROY, DERRIK, J					Address (Include Number & Street) 645 RANDALL RD	Apt. No.	Driver Name - exactly as printed on license DUNN, ROBERT	Address (Include Number & Street) 601 WEST 26 STREET	Apt. No. 7
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22
9

3	City or Town BALLSTON SPA					State NY	Zip Code 12020	City or Town NEW YORK	State NY	Zip Code
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23
3

3	Date of Birth Month Day Year 10 3 1952			Sex M	Unlicensed	No. of Occupants 2	Public Property Damaged	Date of Birth Month Day Year 8 9 1984	Sex M	Unlicensed	No. of Occupants 1	Public Property Damaged
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4	Name - exactly as printed on registration ROY, DERRIK, J					Sex M	Date of Birth Month Day Year 10 3 1952	Name - exactly as printed on registration					Sex	Date of Birth Month Day Year
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24
3

4	Address (Include Number & Street) 645 RANDALL RD					Apt. No.	Haz. Mat. Code	Released	Address (Include Number & Street)					Apt. No.	Haz. Mat. Code	Released
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5	City or Town BALLSTON SPA					State NY	Zip Code 12020	City or Town	State	Zip Code
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25
1

5	Plate Number 17832JW			State of Reg. NY	Vehicle Year & Make 2018 FORD	Vehicle Type PICK-UP TRUCK	Ins. Code 328	Plate Number HWY5473	State of Reg. NY	Vehicle Year & Make 2019 GMC	Vehicle Type SW/SUV	Ins. Code
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1	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)				
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26
1

1	Violation Section(s)					Violation Section(s)				
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6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				
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27
1

1	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					ACCIDENT DIAGRAM				
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28
1

7	V E H I C L E 1					C L E 2					DIAGRAM ATTACHED ON SUBSEQUENT PAGE				
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1	Box 1 - Point of Impact 1 2 Box 2 - Most Damage 9 9					Box 1 - Point of Impact 1 2 Box 2 - Most Damage 2 2					1 REAR END				
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29
1

1	Enter up to three more Damage Codes 3 4 5					Enter up to three more Damage Codes 3 4 5					9.				
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1	Vehicle By Towed: To					Vehicle By Towed: To					Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
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30
1

1	VEHICLE DAMAGE CODING:					1 REAR END					DIAGRAM ATTACHED ON SUBSEQUENT PAGE				
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31
1

1	1-13. SEE DIAGRAM ON RIGHT.					17. DEMOLISHED					18. NO DAMAGE				
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32
1

1	14. UNDERCARRIAGE					15. TRAILER					16. OVERTURNED				
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33
1

1	19. OTHER					20. NO DAMAGE					21. UNKNOWN				
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34
1

1	22. UNKNOWN					23. UNKNOWN					24. UNKNOWN				
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35
1

1	25. UNKNOWN					26. UNKNOWN					27. UNKNOWN				
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36
1

1	28. UNKNOWN					29. UNKNOWN					30. UNKNOWN				
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1	31. UNKNOWN					32. UNKNOWN					33. UNKNOWN				
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37
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1	34. UNKNOWN					35. UNKNOWN					36. UNKNOWN				
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38
1

1	37. UNKNOWN					38. UNKNOWN					39. UNKNOWN				
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39
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1	40. UNKNOWN					41. UNKNOWN					42. UNKNOWN				
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40
1

1	43. UNKNOWN					44. UNKNOWN					45. UNKNOWN				
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1	46. UNKNOWN					47. UNKNOWN					48. UNKNOWN				
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1	49. UNKNOWN					50. UNKNOWN					51. UNKNOWN				
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1	52. UNKNOWN					53. UNKNOWN					54. UNKNOWN				
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1	55. UNKNOWN					56. UNKNOWN					57. UNKNOWN				
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1	58. UNKNOWN					59. UNKNOWN					60. UNKNOWN				
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1	61. UNKNOWN					62. UNKNOWN					63. UNKNOWN				
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1	64. UNKNOWN					65. UNKNOWN					66. UNKNOWN				
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1	67. UNKNOWN					68. UNKNOWN					69. UNKNOWN				
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1	70. UNKNOWN					71. UNKNOWN					72. UNKNOWN				
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1	73. UNKNOWN					74. UNKNOWN					75. UNKNOWN				
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1	76. UNKNOWN					77. UNKNOWN					78. UNKNOWN				
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1	79. UNKNOWN					80. UNKNOWN					81. UNKNOWN				
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1	82. UNKNOWN					83. UNKNOWN					84. UNKNOWN				
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1	85. UNKNOWN					86. UNKNOWN					87. UNKNOWN				
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1	88. UNKNOWN					89. UNKNOWN					90. UNKNOWN				
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1	91. UNKNOWN					92. UNKNOWN					93. UNKNOWN				
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1	94. UNKNOWN					95. UNKNOWN					96. UNKNOWN				
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1	97. UNKNOWN					98. UNKNOWN					99. UNKNOWN				
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1	100. UNKNOWN					101. UNKNOWN					102. UNKNOWN				
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1	103. UNKNOWN					104. UNKNOWN					105. UNKNOWN				
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1	106. UNKNOWN					107. UNKNOWN					108. UNKNOWN				
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1	109. UNKNOWN					110. UNKNOWN					111. UNKNOWN				
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1	112. UNKNOWN					113. UNKNOWN					114. UNKNOWN				
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1	115. UNKNOWN					116. UNKNOWN					117. UNKNOWN				
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1	118. UNKNOWN					119. UNKNOWN					120. UNKNOWN				
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1	121. UNKNOWN					122. UNKNOWN					123. UNKNOWN				
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1	124. UNKNOWN					125. UNKNOWN					126. UNKNOWN				
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1	127. UNKNOWN					128. UNKNOWN					129. UNKNOWN				
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1	130. UNKNOWN					131. UNKNOWN					132. UNKNOWN				
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1	133. UNKNOWN					134. UNKNOWN					135. UNKNOWN				
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1	136. UNKNOWN					137. UNKNOWN					138. UNKNOWN				
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1	139. UNKNOWN					140. UNKNOWN					141. UNKNOWN				
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1	142. UNKNOWN					143. UNKNOWN					144. UNKNOWN				
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1	145. UNKNOWN					146. UNKNOWN					147. UNKNOWN				
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1	148. UNKNOWN					149. UNKNOWN					150. UNKNOWN				
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1	151. UNKNOWN					152. UNKNOWN					153. UNKNOWN				
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1	154. UNKNOWN					155. UNKNOWN					156. UNKNOWN				
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1	157. UNKNOWN					158. UNKNOWN					159. UNKNOWN				
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1	160. UNKNOWN					161. UNKNOWN					162. UNKNOWN				
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1	163. UNKNOWN					164. UNKNOWN					165. UNKNOWN				
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1	166. UNKNOWN					167. UNKNOWN					168. UNKNOWN				
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1	169. UNKNOWN					170. UNKNOWN					171. UNKNOWN				
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1	172. UNKNOWN					173. UNKNOWN					174. UNKNOWN				
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1	175. UNKNOWN					176. UNKNOWN					177. UNKNOWN				
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1	178. UNKNOWN					179. UNKNOWN					180. UNKNOWN				
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1	181. UNKNOWN					182. UNKNOWN					183. UNKNOWN				
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1	184. UNKNOWN					185. UNKNOWN					186. UNKNOWN				
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1	187. UNKNOWN					188. UNKNOWN					189. UNKNOWN				
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1	190. UNKNOWN					191. UNKNOWN					192. UNKNOWN				
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1	193. UNKNOWN					194. UNKNOWN					195. UNKNOWN				
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1	196. UNKNOWN					197. UNKNOWN					198. UNKNOWN				
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1	199. UNKNOWN					200. UNKNOWN					201. UNKNOWN				
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1	202. UNKNOWN					203. UNKNOWN					204. UNKNOWN				
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1	205. UNKNOWN					206. UNKNOWN					207. UNKNOWN				
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1	208. UNKNOWN					209. UNKNOWN					210. UNKNOWN				
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1	211. UNKNOWN					212. UNKNOWN					213. UNKNOWN				
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1	214. UNKNOWN					215. UNKNOWN					216. UNKNOWN				
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1	217. UNKNOWN					218. UNKNOWN					219. UNKNOWN				
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1	220. UNKNOWN					221. UNKNOWN					222. UNKNOWN				
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1	223. UNKNOWN					224. UNKNOWN					225. UNKNOWN				
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1	226. UNKNOWN					227. UNKNOWN					228. UNKNOWN				
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1	229. UNKNOWN					230. UNKNOWN					231. UNKNOWN				
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1	232. UNKNOWN					233. UNKNOWN					234. UNKNOWN				
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1	235. UNKNOWN					236. UNKNOWN					237. UNKNOWN				
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1	238. UNKNOWN					239. UNKNOWN					240. UNKNOWN				
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1	241. UNKNOWN					242. UNKNOWN					243. UNKNOWN				
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1	244. UNKNOWN					245. UNKNOWN					246. UNKNOWN				
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1	247. UNKNOWN					248. UNKNOWN					249. UNKNOWN				
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1	250. UNKNOWN					251. UNKNOWN					252. UNKNOWN				
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1	253. UNKNOWN					254. UNKNOWN					255. UNKNOWN				
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1	256. UNKNOWN					257. UNKNOWN					258. UNKNOWN				
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1	259. UNKNOWN					260. UNKNOWN					261. UNKNOWN				
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1	262. UNKNOWN					263. UNKNOWN					264. UNKNOWN				
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1	265. UNKNOWN					266. UNKNOWN					267. UNKNOWN				
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1	268. UNKNOWN					269. UNKNOWN					270. UNKNOWN				
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1	271. UNKNOWN					272. UNKNOWN					273. UNKNOWN				
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1	274. UNKNOWN					275. UNKNOWN					276. UNKNOWN				
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1	277. UNKNOWN					278. UNKNOWN					279. UNKNOWN				
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1	280. UNKNOWN					281. UNKNOWN					282. UNKNOWN				
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1	283. UNKNOWN					284. UNKNOWN					285. UNKNOWN				
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1	286. UNKNOWN					287. UNKNOWN				
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Last Name	First	M.I.	Last Name	First	M.I.
Address			Address		
Date of Birth Month Day Year	Telephone (Area Code) ()		Date of Birth Month Day Year	Telephone (Area Code) ()	
Last Name First M.I.			Last Name First M.I.		
Address			Address		
Date of Birth Month Day Year	Telephone (Area Code) ()		Date of Birth Month Day Year	Telephone (Area Code) ()	
Last Name First M.I.			Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: _____		
Address			Shield No. _____		
Date of Birth Month Day Year	Telephone (Area Code) ()				

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 C16 5800-P21-52L

Vehicle No.2 _____

Expiration Date 06/21/2024

Expiration Date _____

VIN 1FTEW1EG3JFA85351VIN 3GKALTEV2KL153667

WITNESS (Attach separate sheet, if necessary)

Name _____

Address _____

Phone _____

DUPLICATE COPY REQUIRED FOR:

 Dept. of Motor Vehicles
(if anyone is killed/injured) Motor Transport Division
(P.D. vehicle involved) NYC Taxi & Limousine Comm.
(if a Licensed taxi or limousine involved) Other City Agency
(Specify) _____ Office of Comptroller
(if a City vehicle involved) Personnel Safety Unit
(if a P.D. vehicle involved) Highway Unit _____NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)

OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle	-Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	

Equipment in Use At Time of Accident

 Siren Horn Turret Light 4-Way Flasher High-Level Warning Lights Traffic Cones Headlights

ACTIONS OF POLICE VEHICLE

- Responding to Code Signal
- Pursuing Violator
- Other (Describe) _____

- Complying with Station House Directive
- Routine Patrol

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct
033Accident No.
MV-2024-033-000116Complaint
Number AMENDED REPORT19
-

1	Accident Date Month 3 Day 1 Year 2024			Day of Week FRIDAY	Military Time 18:50	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene Reconstructed	Left Scene	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--	--	-----------------------	------------------------	----------------------	------------------	-----------------	--	------------	--

20
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VEHICLE

VEHICLE - Driver License ID Number

Driver Name - exactly as printed on license

Address (Include Number & Street)

City or Town State Zip Code

Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged

Name - exactly as printed on registration Sex Date of Birth Month Day Year

Address (Include Number & Street) Apt. No. Haz. Mat. Code Released

City or Town State Zip Code

Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code

Ticket/Arrest Number(s)

Violation Section(s)

Check if involved vehicle is:
 more than 95 inches wide;
 more than 34 feet long;
 operated with an overweight permit;
 operated with an overdimension permit.Check if involved vehicle is:
 more than 95 inches wide;
 more than 34 feet long;
 operated with an overweight permit;
 operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact 1 2

Box 2 - Most Damage

Enter up to three more Damage Codes 3 4 5

Vehicle By Towed: To

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED

15. TRAILER 18. NO DAMAGE

16. OVERTURNED 19. OTHER

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1. 3. Left Turn 2. 4. Right Angle 5. 7. Right Turn 6. 8. Head On

Sideswipe (same direction) 2. 0. 4. Right Turn 6. 8. Sideswipe (opposite) 8. ACCIDENT DIAGRAM

DIAGRAM ATTACHED ON SUBSEQUENT PAGE

1 REAR END

9. Cost of repairs to any one vehicle will be more than \$1000.
 Unknown/Unable to Determine Yes No

Reference Marker Coordinates (if available)

Latitude/Northing: 40.850067

Place Where Accident Occurred: BRONX KINGS NEW YORK QUEENS RICHMONDRoad on which accident occurred 95I E/B CROSS BRONX EXPY
(Route Number or Street Name)at 1) intersecting street
(Route Number or Street Name)or 2) N S E W of 4/10 MILE E/O GEORGE WASHINGTON BRIDGE
(Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes DEPT VEH. NO INJURIES. NO CAMERAS. OPER OF VEH 2 CALLED HIS OWN TOW.

ALL INVOLVED

8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only

ALL INVOLVED

Last Name	First	M.I.	Last Name	First	M.I.	
Address			Address			
Date of Birth	Month	Day	Year	Telephone (Area Code)	()	
Date of Birth	Month	Day	Year	Telephone (Area Code)	()	
Last Name	First		M.I.	Last Name	First	M.I.
Address			Address			
Date of Birth	Month	Day	Year	Telephone (Area Code)	()	
Date of Birth	Month	Day	Year	Telephone (Area Code)	()	
Last Name	First		M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			Name:			
Date of Birth	Month	Day	Year	Telephone (Area Code)	()	Shield No.

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. _____

Vehicle No. _____

Expiration Date _____

Expiration Date _____

VIN _____

VIN _____

WITNESS (Attach separate sheet, if necessary)

Name _____

Address _____

Phone _____

DUPLICATE COPY REQUIRED FOR:

 Dept. of Motor Vehicles
(if anyone is killed/injured) Motor Transport Division
(P.D. vehicle involved) NYC Taxi & Limousine Comm.
(if a Licensed taxi or limousine involved) Other City Agency
(Specify) _____ Office of Comptroller
(if a City vehicle involved) Personnel Safety Unit
(if a P.D. vehicle involved) Highway Unit _____NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)

OWNER OF PROPERTY (include city agency, where applicable)

Police Vehicle -Operator's First Name Last Name			Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	

Equipment in Use At Time of Accident

 Siren Horn Turret Light 4-Way Flasher High-Level Warning Lights Traffic Cones Headlights

ACTIONS OF POLICE VEHICLE

- Responding to Code Signal
- Pursuing Violator
- Other (Describe) _____

- Complying with Station House Directive
- Routine Patrol

Rear End : MV-2024-033-000116

Reporting Officer : PO CHRISTOPHE C GAYLE

Reviewing Officer : SSA RONNIE A RODRIGUEZ Reviewed Date : 03/05/2024 23:11

Vehicle 1 Vehicle 2

